蔣

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12647

CERTIFICATE OF DEATH

12633

2.100 2.4	Reg. D	ist. No.
1. PLACE OF DEATH O. COUNTY Haware MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Reside o. STATE AND b. COUNTY b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN Wautside carporate limits, write RURAL and	give negrest town)
d. NAME OF HOSPITAL (If not in hospilal, give street address) OR INSTITUTION Rest Heavel	d. STREET ADDRESS	•. IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print) Letther Wally	Bell 4. DATE Manth OF DEATH	Doy Year 2219 5 7
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lif UNDE last birthday) Manths 74 yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
00. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	USTRY 11. BIRTHPIACE (State or fareign country) . 12. CI	TIZEN OF WHAT COUNTRY
3. FATHER'S NAME Bell	14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or doles of service) (If yes, give wor or doles of service)	Wm. Tratt Barrie	me
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	onia	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stoting the <u>under-lying cause lost.</u> (b) DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Arteriosclerotic heart disease 206. ACCIDENT WAS UNDERLYING CONTRIBUTING COCCURR OR CONTRIBUTING CAUSE OF DEATH III EITHER, NOTIFY MEDICAL EXAMINER		RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while at wark at wark	PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (actory, street, affice bldg., etc.)	(County) (State)
SIGNATURE Charles S. Whit when	h accurred at 7:30 A.M., from the causes and on the ADDRESS (Street, city or town, state) M.D. Clarksville, Marylan	the date stated above DATE SIGNE
PHYSICIAN'S Charles S. Whitaker, M.D. 220. BURIAL, CREMATION, 22b. DATE, THEREOF, 22c. NAME OF CEMETERY C	OR CREMATORY // 22d. LOCATION (City, town, or county)	C (Stole)
BREMOVAL (Specify) 1 124/59 Trunking TR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	eth Christa atrifert	mel
NeW itt Smallian Laurel	DATE NOV 2 5 '59 Orthun 2	

	HE OF DEATH		
			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 - 4		Christia C. or Cit	o believed application
	and the same of	C. C.	
		escendo áucor	
		ernanlı szcən	

	22010	CERTIFICA	TIE OI DEATH	M 200	Reg. Dis	t. No.
1. 1	PLACE OF DEATH GUILFORD ROZD	MARYLAND	2. USUAL RESIDENCE (Who		If institution: Resident	e befare admission)
ŧ	RURAL and give nearest town)	NGTH OF STAY IN 15	c. CITY OR TOWN (If or	utside corporate lim	its, write RURAL and c	ive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION)	d. STREET ADDRESS 8925 BRO	AVIOLIE	ROAD	IS RESIDENCE ON A FARM? YES NO
- 1	NAME OF DECEASED (Type or print) ADA First REB!	Aiddle A	COLET	4. DATE OF DEATH	Month	Day Year
S. S	TUI IPO	NEVER MARRIED	8. DATE OF BIRTH		(In years birthday) Months wrs.	19 5 1 YEAR IF UNDER 24 HI Days Hours Min
10a	DOMESTIC		STRY 11, BIRTHPLACE (State of	or foreign country)		ZEN OF WHAT COUNT
13.	Stephen Thomas G	Tave S	14. MOTHER'S MAIDEN N	DOVA (GRAVE	S) RAUA
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 11. no. or unknown) 111 year, give wor or dates of service)	SECURITY NO. 17.	NFORMANT E. (Traff	Address Bo	X 123/
	18. CAUSE OF DEATH [Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o). (b), and (c).]	Heart 1	ailur	7	INTERVAL BETWEEN
	Conditions, if any, which) DUE TO	cardial	inface	Gan		265
	gove rise to immediate couse (o), stoting the under-lying cause last.	terios	clerosi	5		1
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONE	ITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of it	em 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. m. While of work of work		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		(C	ounty) (Sto
	21. I certify that I attended the deceased from	m	1950, to	Nov.		ast saw the decea
	ACTUAL HAUM 1/ When	unh		DDRESS (Street, cit		DATE SIG
	PHYSICIAN'S NAME (Type)					
22c	REMOVAL (Specify)	NAME OF CEMETERY O		22d. LOCATION (C	ity, town, or county) Nd	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	DORESS Rockville,	24g. REC'D	8Y REGISTRAR	24b. REGISTRAR'S SIG	

this certificate has been signed by the ottending physician and completely filled in by Juneral director, or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with remation, or remayal, and in any event within 72 haure offer death. TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retaine I) the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending page 3 should be detached for use as the burial-transit permit. Then please the registror prior to burial, cremation, or remaval, and in any event within

ATE OF DEATH	CERTIFIC
The state of the s	
	The second secon
Control of the second	
The state of the s	
Carling restroit at the tiph is 57% at 1	Contraction of the second of t

The bottom copy may be retained by the hospital or attending physician.

CERTIFICATE OF DEATH

- 1	17.549	Regi Disti Hollinsinininin
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY HOWARD	STATE Maryland COUNTY Howard
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR and give nearest town) TOWN WOODDINE R.F.D. (In this place) Life	X TOWN Woodbine R.F.D.
	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
	STREET ADDRESS	Florence
	3. NAME OF DECEASED Raymond Clark Duy	Vall 4. DATE (Month) (Day) (Year) OF DEATH NOV. 9 19
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
	Male white Specify Married Aug.	27 1893 66 yrs. Months Days Hours Min.
		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	done during most of working life, even if retired) Labor County Roads	Maryland U.S.A.
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	william Duvall	Florence Duvall
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
1	(178s, no or unk.) (If Yas, give wer or dates of service) 218 09 0963	Mary E. Duvall Same as 2
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	Molignant daman	eration sebaceous gland 3 vrs
	411. 70	orauton sobaccous grand o yrs
	ATTECEDETT CAOSE(3)	
ė	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19e, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	6/3/58 Squamous cell carci	inoma of face YES NO T
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	(State) (County) (State)
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from 7/26	, 19.58, to 10/9, 19.59, that I last saw the deceased
1	alive on, 19.59, and that death occurred at	3.2.0.0.M, from the causes and on the date stated above.
10M	SIGNATURE	ADDRESS (Street, city, lown, stete) DATE SIGNED
5 10		ain Street, Damascus, Md. 11/10/59
7	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Stete)
A15C 1-55	Burial Nov. 12 59 Jenning	s Chapel Howard Co. Md.
VS /	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	DATE NOV 1 3 '59 G. C. g &	Hoy W Garber Laytonsville, M

ST TROMPERS STATE OF PRESTANDING OF HEALTH-SANDLINGS. TS. CERTIFICATE OF DEATH STATE · care I have the A CONTRACTOR HARRIE L Strenous Lagery marianes to SI you

VS. A15ME(5)

5M 9/55

	,
	M
-	

X

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

-4	0	0		10	
1	6	O	U	10	
-		0		_	

	1265	CAL EXAMINER'S	CEKTIFICATE	OF DEATH	Reg. Dist. No.
	PLACE OF DEATH L. COUNTY HOWARD	MARYLAND	2. USUAL RESIDENCE (Who	ere deceosed lived. If Institut	tion: Residence before admission)
ь	CITY OR TOWN (If outside corporate limits, write RURA and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN IF O	utside corporate limits, write	RURAL and give nearest tawn)
	ELLICOTT CITY	13 yes.	X Ellico	STT CITY	
d	NAME OF HOSPITAL OR INSTRUCTION (IF not	in hospital, give Greet address)	d, STREET ADDRESS	144 FRed	e. IS RESIDENCE ON A FARM YES NO
- (NAME OF PECEASED Type or print) WILLIAM	Middle FRANZ-G	oe hRiva	DATE Month OF DEATH NOV.	Day Year 13 195
5. S	EX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years tost birthday)	IFUNDER TYEAR IF UNDER 24 H
	MALE White WID	OWED DIVORCED	1/14/1901	58 yrs.	Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) Mechanic	Auto. Garage	GERMANY	r foreign country)	12. CITIZEN OF WHAT COUNT 4. 5. Q.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	FERDINAND GO	ehRiNg	Geo	RINE M	uLLER
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL GECURITY NO. 17. IN	FORMANT	Address	R.F.D.2 ELLioo7
	No.	217-20-7797 MA	S. ELSA. M.	GochRing	Md.
	18. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), and (c).]		1 11%	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	OOR	ONARY	Occurry	1 15 mini
	420.1 DUE TO				
	Conditions, if any, which) (b)				
	gove rise to immediate cause (o), stoling the underlying DUE TO				
	couse lost. (c)				
CATION	PART II, OTHER SIGNIFICANT CONDITION	VS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	ALDISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO
CERTIFIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I	or Part II af item 1B.)	
MEDICAL			E OF INJURY (Home, form,	20f. (City or town)	(County) (State
MED		While Nat while tacta	ry, street, office bldg., etc.)		
	21. I certify that I tack charge of	he remoins described obov	re, held on Autopsy	, Inspection X,	Inquiry Q and find the
	death resulted from: Natural caus	\(\tau_{1} \)	ide . Homicide		
	0 6	DLI			
	SIGNATURE STATE TO THE STATE OF	Duratort	M.D. CHIEF MEDICAL EXAM	MINER [DATE SIGNED
	Signal of the state of the stat	760	ASSISTANT MEDICAL	EXAMINER	11-14-59
	EXAMINER'S GEORGE	E. BHRGTORI	- A DEPUTY MEDICAL EXA	AMINER M	1
220.	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (City, town, o	r county) (Stote)
E	REMOVAL (Specify) Mov. 16.19	159 Good Shen	hend Cen	Howard Con	INTO Md.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 3512	24a. REC'D E	BY REGISTRAR 24b. REGIS	TRAP'S SIGNATURE
1	J. Truman Des	wat Frederics	& Ang. DATENOV T	16'59	10 8 H
_				V/12-	- LIAGUE

HEREN FILTER AND			THE REAL PROPERTY.	
		Suite A sar	The modern of	
The property of the property o				
A CONTROL OF THE STATE OF THE S				
	and the same of th	Z. B. S.		
			CHEROSO ISH HE THREE THAY	

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDO Division of STATISTICAL RESEARCH AND RECORDS. 16036 PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY our files. e. STATE b. COUNTY Howard MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 Your 40 write RURAL end give neerest (own) Mt. Rainier Waterloo 1616-2 Board . IS RESIDENCE ON A FARM? Pol d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4004 36th St. retained State Rt. 1 at Sherwood Acres Trailer Park YES NO X 3. NAME OF DATE Dev Yeer DECEASED OF ge 5 ma. with the (Type or print) Gilbert GOODELL 1959 J. DEATH November 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF B 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last Birthdey) Months Min. Hours ,1893 Male White WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRT : PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 an done during most of working life, even if retired) printer U. S.A. Daily Newspaper Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Agnes Rice 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Kes, no, or unkown) | (Ifyesgive wer or detes of service) 65UGilbert W. Goodell 4004 36th Aus This certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). .= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Transection of Spinal Cord IMMEDIATE CAUSE (e) Fracture of Vertebrae, C-1 and C-2 DUE TO Conditions, if eny, which (b) "pending" geve rise to immediate cause Examiner's Ø DUE TO (e), steting the underlying 88 0 cause lest. nsed cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19, WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be X NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING burial, CAUSE OF DEATH. Pedestrian struck by auto. 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) fectory, street, office bldg., etc.) Not While < 0 Street Waterloo Howard Md. 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion MEDICAL Homicide death resulted from: Suicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 11/7/59 **EXAMINER'S** Charles S. Petty M.D. Addi NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 Ö Burial Arlington Cem. Arlington, Virginia
4e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATNOV 1 2 '59 Citting & Krous NalleySFuneral Home 5M 7/59 ne

514 Mis cining the second of the second orinter ally Yewspaper Linnesote U. S.A. There w. Gotell 4000 350h St. (son) ino. Is in the last to make Control of Wash Design and Control Colle College a rein house unial 11'11'59 ardin con hebional dem. Arding con, Vir inia alle un rel cone eath. Page 4

ENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs of

ottending physician and completely filled in by the Tuneral director, in please remove corbon papers. Pages 1 and 2 shauld be filed, with

permit. Then please remove corbon in any event within 72 hours aftge de

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12638

12652

Pag	Dist	N

					Keg. Dist. No	
1. PLACE OF DEATH o. COUNTY		MARYLAND	o. STATE	here deceased lived. If insti b. COUN	ITY	ore admission)
b. CITY OR TOWN RURAL and give r F111cott		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, writ	Howard e RURAL ond give ne	arest town)
OR INSTITUTION	ITAL (If not in hospitol, give streets Nursing Home	F	d. STREET ADDRESS St. Johns			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ETHEL VIRG	Middle INIA IGLEHART	Last		Month De 21,1959	Year 19
5. SEX		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 3-9-1899	9. AGE (In yellost birthdo		Hours Min.
10a. USUAL OCCUPATI	ION (Give kind of work done 1 rking life, even if retired)	0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME	ALC: ALC: H		14. MOTHER'S MAIDEN			
	Geo. Edward Whe	eatley	Mar	y Virginia Ar	noss	
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 217-22-1966	John.W. Igleha	rt,Ellicott	City.Md	
Conditions, if gove rise to couse (o), stoling lying couse lost. PART II. OT	immediate DUE TO (c)	ns <u>Contributing to death</u> bu	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NOVE
(IF EITHER, NOTIF	AS UNDERLYING 20b. I G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	WI		ACE OF INJURY (Home, forr loctory, street, office bldg., etc.		(County)	(Stole)
21. I certify to alive an	Thomas F. H	Herbert	M.D. 46 Chu	M, fram the causes ADDRESS (Street, city or to rch Rd. t City Md	wn, stote)	
REMOVAL (Specify Burial	11-24-59	Mt. View		Alpha, Md		
23. FUNERAL DIRECTOR F.C. Higin	r's signature bothom, Ellicot	t City,Md	24a. REC	NOV 2 3 '59 24b. R	EGISTRAR'S SIGNATU	inal.

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then the registror prior to burial, crematian, or removal, and in any event TO HOSPITAL OR VS A15 (4) 15M 9/58



which drawns a naci wato. ti 0291, 75, ver TEARSON ATMORES COMPA version of the state of the sta How and Dog Mile n Teller Table voldend branch .coll Director and the state of the s wait if Pract Ithree E. di. stori II. saltognio il .

12653 CERTIFICATE OF DEATH 12639

				Keg. Dist. No	•
1. PLACE OF DEATH a. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Who so STATE Maryland	ere deceased lived. If instit b. COUN	tution: Residence before Howard	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write		arest town)
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION Hill St	address)	/ d. STREET ADDRESS Hill St.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOHN LEMLY	Middle IGLEHART	Last	4. DATE OF DEATH NOV	Manth De	Year 19
	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdo)	TF UNDER 1 YEAR	Hours Min.
10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired) Retired	KIND OF BUSINESS OR INDU			12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
William Tolehart		Mary H	arding		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	social security no. 19-30-7549	Mrs. Mary Isl	ehart.Ellico	ddress	
gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition (GIVEN IN PART 1(0)	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	'art I or Part II of item 1B.)		YES NO
20c. TIME OF INJURY Month, Day, Year 20d. I Haur o. m. 19 While of wor	Nat while fo	ACE OF INJURY (Home, form actory, street, office bldg., etc.		(County)	(Stote)
21. I certify that I attended the decearative an		м.р. 46 Chi	M, fram the causes ADDRESS (Street, city or town arch St. C1ty, Md		
220. BURIAL, CREMATION, REMOVAL (Specify) RUTIAL 11-9-59	22c. NAME OF CEMETERY C		22d. LOCATION (City, tow		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE F.C. Higinbothom, Ellicott	ADDRESS		Pikesville D BY REGISTRAR 24b. RE V 9 '59	GISTRAR'S SIGNATU Arthur S. Kra	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with eath. Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR VS A15 (4) 15M 9/5B

the registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours aft

Net -			* 2.7.C	
	Apal grad			()
	will treat (18		ote city	
	min st.		7	a ciri
0.004, 0.464		902327	ADEL TO	
	My 12,1866 To		\$ P.S.	of all
	N .00 Manual	200		heriteli
	Allered Traff		Jean Fall mad	i i i i
Mayor Modella.	urs. Mary lelebert	21.9-30-21.5		04
			1.1	
	nostate de la	*		
	230 ET	e	S. Special	
didi.	21 19	of bridge	2	Labrasi
		PH-K250 1	ion Ca. War	mig.M.L.T.

**

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL O

	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers.	the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.
SICION	s ueec	ronsit	il, and
g phy	has &	urial-l	emava
endir	ficate	the b	, ar r
may be retained by the hospital ar attending physician.	r this certi	or use as	crematian,
The hosp	DR: After	tached f	burial,
1	ECTO	pe de	or to
laine	LOIR	ping	or pri
oe re	ERA	3 she	gistre
may L	TO FUN	poge	the re

1. PLACE OF DEATH o. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Where deceased on STATE Maryland	d lived. If institutions Residen b. COUNTY	nce befare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Ellicott City	c. LENGTH OF STAY IN 16 3 yrs 7 mos	c. CITY OR TOWN (If outside corpo		
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Taylor Manor		d STREET ADDRESS 2004 Linden Ave	nue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Jacob	Middle	Kleinman 4. DATE OF DEATH	November 23	Doy Year 19 59
Male White	RRIED NEVER MARRIED TO	8. DATE OF SIRTH March 18, 1889	9. AGE (In years IF UNDER lost birthdoy) Manths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing	Self	STRY 11. BIRTHPLACE (State or foreign of Lithuania	ountry) 12. CIT	U.S.A.
13. FATHER'S NAME Louis Kleinman		14. MOTHER'S MAIDEN NAME Ber	tha ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Pst. no. or unknown) (If yes, give wer or dates of service)		nformant Mr. Max Kleinman- 7	Address 222 Park Heig	hts Ave. Apt.
gave rise to immediate couse (a), stating the under-	Cardiac fail	c Cardiovascular	disease	years
PART II. OTHER SIGNIFICANT CONDITIONS Erythema multiple	contributing to DEATH BUT forme 11 days			- L M
20c. TIME OF INJURY Manth, Doy, Year 20d. Hour o. m. p. m. 19 at w.	e Not while for	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)		County) (State)
21. I certify that I attended the decedative on Nov. 23 , 19 ACTUAL SIGNATURE PHYSICIAN'S Irving J. Taylo	_59_, and that death	occurred at 10:30M, fram	m the causes and an t treet, city or town, state) OSP •	DATE SIGNED 11/23/59
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) Nov. 24/59.	22c. NAME OF CEMETERY O	ROGERS AVE. 22d. LOCA	TION (City, town, or county) Baltimor	e, Md.
23. FLYSERAL DIRECTOR'S SIGNATURE	ADDRESS 1124-26 W. 11	240. REC'D BY REGIS' DATE NOV 2 5		

The Cart	Distant Total	TE OF DEATH	CERTIFICA	383CL FeV. FeV.
				Dun of the
	0204171 09978	SPLEASE ALSO AND		THE STATE OF THE S
De Go	au.	about time		COLUMN TO A COLUMN
		Bas I and an		2.00
	100	Caron 18, 1889		
2 6 4		nknorit ki		auchimizati
	7 - 4/3		ti.	Total Kleke
MAL .evA es	de la la la constante de la co	Mage W. & Language - 40		TO COMPANY A STANDARD CONTRACTOR TANK
MIRE TE		Security to Land	oli i dham oliospharols sad	
			out in disens of templaced reserve	A Decay in a resident (A)
			CALLERY STATES OF STATES O	A Second or a resident of the second of the
			GALLES GRANDS SAN	
THE TELESCOPE TO THE TE			CARTERIORE TO BEACH	
THE TELESCOPE TO THE TE			Call Maghaers Call of place of the call Call of the call of the call of the call Call of the call of the call of the call Call of the call of the call of the call Call of the call of the call of the call of the call Call of the	

13.50

HTARG TO	SEPTIMICATE CEPTIMICATE
	MARKET MILES TO SEAL T
The last of the la	
	THE COMMENT OF THE PROPERTY OF THE PARTY OF
Section in windings of the Color of the Colo	The second section of the sect
AND AND HE STANDARD WITH S. S.	
FOR SERVICE	THE RESERVE AND ADDRESS OF THE PARTY OF THE
	中国教育中 医多种种 医艾尔克特氏征 医多种种 医二种种

A STATE OF S

VS A1S (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12656

CERTIFICATE OF DEATH

Reg. Dist. N12642

1. PLACE OF DEATH o. COUNTY Howard MARYLAND			2. USUAL RESI o. STATE Maryla		here deceased	d lived. If instituti b. COUNTY		ce before	e admiss	ion)	
b. CITY OR TOWN (IF RURAL ond give per Marriot	tsville		c. LENGTH OF STAY IN 16	c. CITY OR			rate limits, write R	URAL ond	give near	rest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	give street	address)	d. STREET	ADDRESS	6, 617				e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	HARLES H		Middle ELSON	Lo	st	4. DATE OF DEATH	Nov	26.19	Day		rear
s. sex Male	6. COLOR OR RACE Colored	7. MARR	ED NEVER MARRIED DIVORCED DIVORCED	1-20-188		fallo.	9. AGE (In years lost birthday) 74 yrs.	Months Months		Hours Hours	R 24 HRS. Min.
Laborer	N (Give kind of work ing life, even if retired	done 10b.	None	Н	oward	CO. 1	ountry) Md	12. CITI	ZEN OF	WHATC	OUNTRY?
I3. FATHER'S NAME Willia	m H. Nelson	Н		14. MOTHER'S			Rhodes				
5. WAS DECEASED EVER [Yes, no, or unknown] No	IN U. S. ARMED FOR If yes, give war or dates of s	ervice)		informant onald Cla	ark Ma	arriot	tsville,				
Conditions, if on gave rise to in cause (o), stating t lying cause last. PART II. OTH	he <u>under</u> DUE TO	DITIONS C	tersorelas		O THETERM	IINAL DISEAS			T 1(a) 19	WAS PERFO	AUTOPSY RMED? NO
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)		Not while fe	LACE OF INJURY	(Home, form	m, 20f. (City	or town)	((County)		(State
olive onACTUAL SIGNATURE	formas F.	2	Herberk bert, M.D.	м.D4	75%. 6 Chi	_M, from ADDRESS (Surch]	treet, city or town,	ad on the		stoted	
Page Burial, CREMATION REMOVAL (Specify) Burial	11-30-59)F	22c. NAME OF CEMETERY C			Al	TION (City, town,			(State	9)
F.C. Higinb		cott	ADDRESS City, Md			OV 3 0		STRAR'S SI			

		WELLERING		
brong i	healtens		Part Live a de	naroll naroll
9104,75,704		A) E. E.	CARES H.	
	C88.E=0.E=1	La Vien	To and I will	BUNN.
	.00 Degreen		19	Ta Cos
thodas	Butthe		SOMET I HER	DIZII
SI,elikvasio	Frank State Pige			c)
	12 C	4.23 = 1		
Poly tend		E Verilla and		
A Raylin	Jacob Co			
		Credit fig	entile, solitain	Total
			Marie Control	360.

FOR STATE HEALTH DEPT. please execute the certificate, writing the word "pending" in pencil in Item 18, Give Topes 1, 2, and 3 to the funeral wrector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Her pages 1 and 2 with the Shele Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after disaph. ecessary, 1 TO DEPUTY INZOICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay X

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13 19 CAMEDICAL EXAMINER'S CERTIFICATE OF DEATH

-										
	PLACE OF DEATH	1	77.3			2. USUAL RESIDEN	ICE (Where			dence before admission)
	Howa	ard		MARY	LAND	a. STATE	v land	b. COUN		rard V
	b. CITY OR TOWN (mits,	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN	9	rporete limits, write		
	Jess						sups			
	d. NAME OF HOSPIT	TAL OR INSTITUTION	(if not in h	ospital, give street edd	ress)	d. STREET ADDRESS				IS RESIDENCE ON A FARM?
	Guil	Lford Road	, Box	75		Gui	lford	Road, Box	x 75	YES NO
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Month	D	Day Year
	(Type or print)	MEI	VIN	S.		NOBLES	DEAT	H Novemb	per 3	19 59
5.	SEX	6. COLOR OR RA	E 7. MARR	IED NEVER MARRIE	D B	DATE OF BIRTH		9. AGE (In years lest birthdey)	IF UNDER 1 YEA	
	Male	Colored	WIDOW	/ED DIVORCE	D A	igust 18, 19	59	yrs.	Months Day	Hours Min.
	. USUAL OCCUPAT			KIND OF BUSINESS OF		Y 11. BIRTHPLACE (State		ountry)	12. CITIZEN	OF WHAT COUNTRY?
00	ne during most of wo		irea)			Baltimo	re. Ma	rvl and		
13.	FATHER'S NAME				1	14. MOTHER'S MAIDEN		,		
	Samuel	Shing				Mable N	obles			
	WAS DECEASED EV			S. SOCIAL SECURITY N	O. 17. I	NFORMANT		Address		
1,00	No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None	1	Table Nobles		Jessur	s, Mar	vland
	18. CAUSE OF D	EATH [Enter only o	ne cause per	line for (e), (b), and (e						INTERVAL BETWEEN
		H WAS CAUSED BY	. Tr	nterstitial	Pner	monitie.			1000	ONSET AND DEATH
	4927	DUE 1		INCID MINIM	THE	MICHEL DES				
	Conditions, if any							CT Jan.	0 121	
	geve rise to immedi	ate cause	b)						-	
	(a), stating the u	nderlying DUE 1	0							
_	cause lest.		(c)	NITRIBUTING TO DEAT	TI BUT NO					
Š.	PART II. OTHER	SIGNIFICANI CON	DITIONS CC	MIKIBUTING TO DEAT	H BUI NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVE	N IN PART 1(a	PERFORMED?
5										YES X NO
CERTIFICATION	20e. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DESC	RIBE HOW INJURY OC	CURED. (E	nter nature of injury in Per	rt I or Pert II	of item 1B.)		
TV:	20c. TIME OF INJU	RY Month, Dey,	Year 20d	. INJURY OCCURRED		CE OF INJURY (Home, ferr		ity or town)	(County)	(State)
MEDICAL	Hour a.m.		Whi at we		facto	ory, street, office bldg., etc	:.)			
2	p.m.	19	-		ove he	ld an Autopsy X.	Inspection	n Inquiry		nd in my opinion
	death resulted f			_ /	Suici					nd in my opinion
	death resulted t	rom: Natural	causes	. Accident	Suici	hand	-	ndetermined ma	anner [_]	
	ACTUAL	(1)/-	1	C It		CHIEF MEDICAL		_		
	SIGNATURE	Cha	rus	J. I cay	4	M.D. ASSISTANT MED	DICAL EXAMI	NER X		DATE SIGNED
	EXAMINER'S			0.		DEPUTY MEDICA	L EXAMINER		1	1/4/59
0.5	NAME (Type)			Petty, M.I	•	Address (Street,				1
22a	BURIAL, CREMATIO	N, 22b. DATE THE	REOF	22c. NAME OF CEN	AETERT OR	CIRMATORY	220. 100	TION (City, town,	or country)	(State)
_/	Burial	11/1/	27	I'M. a	ul	unn	13 a	eum	are	Thu.
23.	FUNERAL DIRECTO	1 0/	71-11	ADDRESS	-		C'D BY REGIS		other Py	
1	rlings	on D. 4.	hell	PU 1800	11.7	MONTE DATE	NOV 1 0	33 4	rowary Z. 1	V.AMS
	2100	205 X	113			At.				

VS. A15ME 5M 7/59

2138305KV2

buel Daniel C TOWNERS aquatiol. Colliford and, for The colliford word word word for Th Tele Colored S. Mondas Mondas Districts 2 State has Penalty senting to Tall unfold ching SanIvel, ideas ... Manager ... Massace, harrined . all branch (tal framerika. 1 st. of Twens

American Company of the Company of t

TENNER OF THE PARTY OF THE PART

FOR STATE HEALTH DEPT TO DEPUTY DESCRIPTION STANDING The certificate should be executed within 24 hours after death. If any delegation please execute the certificate, writing the word "pending" in pendi In Item 18. Give Pages 1, 2, and 3 to the funeral metor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in a few within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in appeara

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Film 6251

Items 8 & Q

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	COUNTY HO	ward 1265	8 MARYLAND	e. STATE Maryland b. COUNTY B	altimore
	write RURAL end	if outside corporate limits, d give nearest town) plar Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL RELEGIES.)	0353.2
	2		in hospital, give street eddress) on Beetz Road	d. STREET ADDRESS 1765 Melbourne Rd.	IS RESIDENCE ON A FARM? YES NO NO
3	NAME OF DECEASED (Type or print)	AME OF First Middle Last 4. DATE Month Day Year OF OF DEATH NOVEMBER 3 19 X 6. COLOR OR RACE 7. MARRIED			
5	. sex Male	T 11		last birthday) Months	
(ION (Give kind of work brking life, even if retired)	10b. KIND OF BUSINESS OR INDUST Beth. Steel Co	RY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
1		eld Skarzin		Anteinette Zanawach	
	S. WAS DECEASED EV	fyeroive were relates of service None	-1	Irs. Mary Skarzinski 1765	Melboume Rd.
	Conditions, if any gove rise to immed (e), stating the ucause lest.	DUE TO (b) DUE TO DUE TO	rteriosclerotic (Cardiovascular Disease.	ONSET AND DEATH
2 NOTE OF THE PARTY OF THE PART				ot related to the terminal disease condition given in Pa	ART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO
		ONTRIBUTING 🖂	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Day, Year		ACE OF INJURY (Home, farm, 2Df. (Cily or fown) (Colory, street, office bldg., etc.)	County) (State)
	21. I certify the death resulted		ne remains described above, h	eld an Autopsy X, Inspection, Inquiry, cide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER	and in my opinion
2	ACTUAL SIGNATURE	Charle	15. Petty -	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type)		Petty, M.D.	Address (Street, city, lown, or county)	11/4/59
2	20. BURIAL, CREMATIC REMOVAL (Specify	1	22c. NAME OF CEMETERY C	or CREMATORY 22d. LOCATION (CIly, lown, or country of Jesus German Hill R	
1	3. FUNERAL DIRECTO		ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S	
0	will J. D	uua /922 W1	se Ave. 22, Mo	1. DANOV 6 '59 arthur S.	Thank

ELVET WILL BURN STEW Town and Door and Total that a send no bit will be noted . In PE OF E TENEDONE WE PERCEASE ENTER THE TOTAL PROPERTY OF Palo of the Market Was a security Pep. 11, 12010 1919 Bernald Control and Control and State of the Control of the Contro . The second of SE STATE OF THE STATE OF THE SECOND

TO HOSPITAL OF

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12659 **CERTIFICATE OF DEATH** 12645

DIVORCED DIVORCED Second			***	
RUPAL ON Gigine postinate from rural _ 4 wks _ domandle _ 352.2	o. COUNTY	MARYLAND		
NAME OF DECEASED First SEX 6. COLOR OR RACE 7. REGRED SENEVE MARRIED 10 B. DATE OF BIRTH 9. ACE (In years IFUNDER !YEAR IF UNDER 2 HES SEX 6. COLOR OR RACE 7. REGRED NEVER MARRIED 10 IVORCED 1993 SEX WIDOWED 10 DIVORCED 1904 PO-12-1881 9. ACE (In years IFUNDER !YEAR IF UNDER 2 HES WIDOWED 10 DIVORCED 1904 WIDOWED 10 DIVORCED 1904 Maryl and 1905 Maryl and 1905 I. MOTHER'S MANDEN NAME Mary Jane Hobbs I. MOTHER'S MANDEN NAME Mary Jane I. MOTHER'S	Wordene-rur	al- 4 wks	0 10	
DECEASED IN COLOR OR RACE (1) SEVER MARRIED B. DATE OF BIRTH P. AGE (In year) Involved Divorced Divo	d. NAME OF HOSPITAL (If not in haspital, giv OR INSTITUTION	e street address)	49 Bloomsb	ON A FARM?
No. DISTANCE DIVORCED 9-12-1881 Part Divorting Divorti	(Type or prim) when h	ray Walk	OF DEATH	nov. 25 1059
ACTUAL STORMEN COPENTAL CALENATION, Part I lot Interest and the deceased from the course of the color in the color in the course of the color in the co	Emple White	WIDOWED DIVORCED	9-12-1881	78 yrs. Months Doys Hours Min.
AMOTHER'S NAME	during most of working life, even if retired)			
In the contribution of t	3. FATHER'S NAME	all		os
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	(Yes, no, or unknown) (If yes, give war or dates of ser	vice)		
Conditions. if ony, which gove rise to immediate couse (a), stoing the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDY YES NO [2] 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City ar town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City are town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City are town) (County) (Stote not one) 20c. TIME OF INJURY (Home, farm, 20f. (City are town) (County) (County)	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY:	se per line for (o), (b), and (c).]	ive Heart, F	
Part I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	Conditions, if ony, which gove rise to immediate	WAC	ut 2 4 Chro	mic -
20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED While of work of twork of two	lying cause lost. (c)	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	DI SZUSZ ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED While of work of twork of two	PART II. OTHER SIGNIFICANT COND 200. ACCIDENT WAS UNDERLYING 200	06. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II)	YES NO [
21. I certify that I attended the deceased fram. 19				
alive on	Hour a.m.	While Nat while / fo	acte of INJUNY (Home, farm, 201. (City ar ctory, street, office bldg., etc.)	town) (County) (Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PO. BURIAL, CREMATION, REMOVAL (Specify) BURIAL PURIAL DIRECTOR'S SIGNATURE ADDRESS (Street, city or town, stote)	1/107	16/1	n occurred at 500 AM, fram the	e causes and on the date stated above.
NAME (Type) 20. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 11-28-1959 Mt. Olivet Frederick, Md. 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 24d. REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE	Gulf	ADDRESS (Street	
REMOVAL (Specify) BURIAL 11-28-1959 Mt. Olivet Frederick, Md. 1. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		McGroth	Catuns Vii	1/2 28md 1/06/5
FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	The state of Cemerative		
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REGID BY REGISTRAL	24b. REGISTRAR'S SIGNATURE

) TA 30 40 TO		59981	
1.5.3				Бажеоп	
	5 %	per let 18	le // wits	Mire Sing	Mark.
	78	11.1-		14.00.4	Day of the
44.60		hipfys	Dimor dies di	912 93	
		SHIP TIME		and deaders	
	Tri greet	D. W. S.			
	v.V.		5. F		
			The said of	3.7	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

